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CONFIRMATION NO. 8676

<b>SERIAL NUMBER</b> 10/687,125	<b>FILING OR 371(c) DATE</b> 10/16/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> CLFR:201USD1/10414091		
<b>APPLICANTS</b> Andrew D. Ellington, Austin, TX; Sulay D. Jhaveri, Alexandria, VA; Manjula Rajendran, Austin, TX;						
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/014,973 10/26/2001 PAT 6,706,481						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/08/2003						
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>3.91</u> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 52034						
<b>TITLE</b> In vitro selection of signaling aptamers						
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		